FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL					
OMB Number:	3235-0076				
Expires:	APRIL 30, 2008				
Estimated Averag	ge burden				
hours per respons	e 16.00				

SEC USE ONLY						
Prefix	Serial					
	1					
	DATE RE	CEIVED				
	1					

Name of Offering (check if this is an amen Units comprised of Common Shares and C	dment and name has changed, and indicate change.)	» » SEG
Filing Under (Check box(es) that apply): Type of Filing: ⊠ New Filing □ Amendment	Rule 504 Rule 505 A F	Mail Processing Rule 506 Section 4(6) Section
Type Of Fining.		APR 1 6 2008
	A. BASIC IDENTIFICATION DATA	, , , , , , , , , , , , , , , , , , ,
1. Enter the information requested about the issuer		
Name of Issuer (check if this is an amen Crosshair Exploration & Mining Corp.	dment and name has changed, and indicate change.)	Washington, DC
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Suite 1240, 1140 West Pender Street, Vano	ouver, British Columbia V6E4G1	(604) 681-8030
Address of Principal Business Operations (if different from Executive Offices)	(Number and Streep ROGESSED	Telephone Number (Including Area Code)
Brief Description of Business	APR 242008	
Junior natural resource - mining	THOMSON REUTE	RS
Type of Business Organization	MONIOON	
_	ed partnership, already formed ed partnership, to be formed	other (please specify):
		Year
Actual or Estimated Date of Incorporation or Organi	•	1966 ☑ Actual ☐ Estimated
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Se State:	ervice abbreviation for CN
<u></u>	CN for Canada; FN for oth	ner foreign jurisdiction

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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2. Enter the information request	ted for the following	CALL DAY CONTRACTOR SECTION AND CONTRACTOR		The state of the s	e de tradación de significação describir de la companya de la constante de la
-	_	been organized within the p	ast five years;		
Each beneficial owner has	aving the power to v	ote or dispose, or direct the	vote or disposition of, 10%	or more of a class of	equity securities of the issuer.
 Each executive officer ar 	•		general and managing partn	ers of partnership is:	suers; and
Each general and manage	ing partner of partne	rship issuers.			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	ndividual)				
Mark J. Morabito		<u> </u>			
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)			
Suite 1240, 1140 West Pend	der Street, Vanco	uver, British Columbia	V6E4G1		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		Director	General and/or Managing Partner
Full Name (Last name first, if in	ndividual)				
Paul Hosford					
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)			
Suite 1240, 1140 West Pend	der Street, Vanco	ouver, British Columbia	V6E4G1		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner
Full Name (Last name first, if in	ndividual)				
Douglas Brett			<u></u>		
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)			
Suite 1240, 1140 West Pend	der Street, Vanco	uver, British Columbia	V6E4G1		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	■ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if in	idividual)				
J. Wayne Pickett					
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)			
Suite 1240, 1140 West Pend	der Street, Vanco	uver, British Columbia	V6E4G1		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	ndividual)				
Julie Bolden					
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)			
Suite 1240, 1140 West Pend	der Street, Vanco	uver, British Columbia	V6E4G1		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	■ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	ndividual)				
Daniel McIntyre					
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)			
Suite 1240, 1140 West Pend	der Street, Vanco	uver, British Columbia	V6E4G1		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner
Full Name (Last name first, if in	ndividual)				
Evelyn Cox					
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)			
Suite 1240, 1140 West Pend	der Street, Vanco	uver, British Columbia	V6E4G1		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in Jay Sujir	adividual)				
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)			
Suite 1240, 1140 West Pend	,		V6E4G1		

Full Name (Last name first, if individual) Ian Smith Business or Residence Address (Number and Street, City, State, Zip Code) Suite 1240, 1140 West Pender Street, Vancouver, British Columbia V6E4G1 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General	ig Partner
Suite 1240, 1140 West Pender Street, Vancouver, British Columbia V6E4G1 Check Box(es) that Apply:	
Check Box(es) that Apply:	
Full Name (Last name first, if individual) Ian Smith Business or Residence Address (Number and Street, City, State, Zip Code) Suite 1240, 1140 West Pender Street, Vancouver, British Columbia V6E4G1 Check Box(es) that Apply:	
Ian Smith Business or Residence Address (Number and Street, City, State, Zip Code) Suite 1240, 1140 West Pender Street, Vancouver, British Columbia V6E4G1 Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer □ Director □ General Managir Full Name (Last name first, if individual) C. Stewart Wallis Business or Residence Address (Number and Street, City, State, Zip Code) Suite 1240, 1140 West Pender Street, Vancouver, British Columbia V6E4G1 Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer ☑ Director □ General	and/or ng Partner
Suite 1240, 1140 West Pender Street, Vancouver, British Columbia V6E4G1 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General Managir Full Name (Last name first, if individual) C. Stewart Wallis Business or Residence Address (Number and Street, City, State, Zip Code) Suite 1240, 1140 West Pender Street, Vancouver, British Columbia V6E4G1 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General	
Check Box(es) that Apply:	
Check Box(es) that Apply:	
C. Stewart Wallis Business or Residence Address (Number and Street, City, State, Zip Code) Suite 1240, 1140 West Pender Street, Vancouver, British Columbia V6E4G1 Check Box(es) that Apply:	and/or ng Partner
Business or Residence Address (Number and Street, City, State, Zip Code) Suite 1240, 1140 West Pender Street, Vancouver, British Columbia V6E4G1 Check Box(es) that Apply:	
Suite 1240, 1140 West Pender Street, Vancouver, British Columbia V6E4G1 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ General	·
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General	
Full Name (Last name first, if individual)	<u> </u>
David Ying Tat Lee	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Suite 1240, 1140 West Pender Street, Vancouver, British Columbia V6E4G1	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General	and/or ng Partner
Full Name (Last name first, if individual)	
Leo Power	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Suite 1240, 1140 West Pender Street, Vancouver, British Columbia V6E4G1	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General	and/or ng Partner
Full Name (Last name first, if individual)	
Chris Collingwood	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Suite 1240, 1140 West Pender Street, Vancouver, British Columbia V6E4G1	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General Managin	and/or ng Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General Managir	and/or ig Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	

		etan e			BUINFO	RMIANNON	ABOUT O	FERING					
1.	,							Yes □No 🏻					
					in Appendix, C		-						
2.				nt that will be acc		y individual'	?					\$N/A	_
3.		٠.	•	wnership of a sir	-	will bo	سنم مناهم	m diraathi	or indirectly	anti aomin	incian ar	Yes ⊠N	о <u>Г</u>
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
	Full Name (Last name first, if individual) Canaccord Capital Corporation Business or Residence Address (Number and Street, City, State, Zip Code) Brookfield Place, 161 Bay Street, Ste. 3000, P.O. Box 516, Toronto, Ontario M5J												
Busin 2S1	ess or Re	sidence Ad	dress (Numb	per and Street, C	ity, State, Zip (Code) Broo	kfield Place.	, 161 Bay S	Street, Ste. 30	00, P.O. B	ox 516, To	ronto, Onta	rio M5J
Name	of Assoc	iated Broke	er or Dealer										
States				icited or Intends							_		
	`			dividual States).								Il States	LID.
AI		AK	AZ	AR	CA	СО	СТ	DE	DC	FL	GA	HI	ID
IL	,	IN	IA	KS	KY	LA	ME	MD	X MA	MI	MN	MS	мо
M	Γ	NE	NV	NH	NJ	NM	X NY	NC	ND	ОН	ОК	OR	PA
R		SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full N	Name (Las	st name firs	t, if individu	al) Thomas Wei	isel Partners C	anada Inc.							
Busin	ess or Re	sidence Ad	dress (Numb	er and Street, Ci	ty, State, Zip C	ode) 70 Yo	rk Street, 10	th Floor, To	oronto, Ontar	io M5J 1S	9		
Name	of Assoc	iated Broke	er or Dealer										
States				icited or Intends							_		
AJ	<u> </u>	"All States"	or check in	dividual States).	CA	СО	СТ	DE	DC	FL	GA A	II States HI	ID
AI		AK	AL.	AK	L CA			DE		IL	UA	111	
II		IN	IA	KS	KY	LA	ME	MD	MA	Ml	MN	MS	МО
M	Γ	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA
R	I	SC	SD	TN	TX	UT	VT	VA	WA	WV	Wl	WY	PR
Full N	Name (Las	st name firs	t, if individu	al)									
Busin	ess or Re	sidence Ad	dress (Numb	er and Street, Ci	ty, State, Zip C	ode)						*	
Name	of Assoc	iated Broke	er or Dealer								•		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
	(Check	"All States"	or check in	dividual States).							A	Il States	
Al	L	AK	AZ	AR	CA	со	СТ	DE	DC	FL	GA	НІ	ID
1	L	[IN]	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
M	IT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA
R	RI	SC	SD	TN	TX	UT	VT	VA	WA	wv	WI	WY	PR

¹ The offering of the Issuer's units in the United States was part of a larger offering of such securities made principally in Canada. Canaccord Capital Corporation and Thomas Weisel Partners Canada Inc. were each paid a commission for their services as agents with respect to the offer and sale of the Issuer's units. All solicitations in the U.S. were made by Canaccord Adams Inc., the U.S. affiliate of Canaccord Capital Corporation.

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l.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price		Amount Already Sold
	Debt	s		\$
	Equity	\$15,235,923.8723		\$ <u>961,538.46^{3,4}</u>
		3 <u>13,233,923.87**</u>	_	3 <u>901,538.40 *</u>
	© Common ☐ Preferred	e 5		¢
	Convertible Securities (including warrants)			\$
	Partnership Interests			\$
	Other (Specify)			\$
	Total	\$ <u>15,235,923.87</u>		\$961,538.46
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	12	_	\$961,538.46
	Non-accredited Investors		_	\$
	Total (for filings under Rule 504 only)		_	s
Ans	wer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505		_	\$
	Regulation A		_	\$
	Rule 504	<u> </u>	_	\$
	Total		_	\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees	••••••		\$
	Printing and Engraving Costs	•••••		\$
	Legal Fees		\boxtimes	\$ <u>15,000.00</u>
	Accounting Fees	·····		\$
	Engineering Fees			S
	Sales Commissions (specify finders' fees separately)		\boxtimes	\$ <u>57,692.31</u>
	Other Expenses (identify)			\$
	Total		\boxtimes	\$72,692.31

² The aggregate offering amount includes an additional US\$14,274,385.41 that may be received upon exercise of the common share purchase warrants to receive additional common shares sold

both inside and outside the United States.

The United States dollar amounts expressed above are calculated based on the noon buying rate for cable transfers payable in Canadian dollars as certified for customs purposes by the Federal Reserve Bank of New York on April 4, 2008. On such date, the noon buying rate was Cdn\$1.0088 = US\$1.00.

Amount already sold represents only the U.S. portion of the offering.

One common share purchase warrant is included in the purchase price of each unit. Each unit consists of one common share and one common share purchase warrant. Each common share purchase warrant may be exercised until October 4, 2009 for one common share at an exercise price of Cdn\$1.80 per common share.

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND L	IȘE (OF PROCEEDS		
	b. Enter the difference between the aggregate offering price given in response to Part C – Question 1 and total expenses furnished in response to Part C – Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$ <u>15,1(</u>	53,231	<u>.56</u>
	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b above.				
		o	Payments to fficers, Directors & Affiliates		Payments to Others
	Salaries and fees		\$		\$
	Purchase of real estate		s		s
	Purchase, rental or leasing and installation of machinery and equipment		s		S
	Construction or leasing of plant buildings and facilities		s		\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	_	•	П	\$
	-				T
	Repayment of indebtedness		-11		
	• .	П	2	X	\$ <u>15,163,231.56</u>
	Other (specify)				
			s		\$
	Column Totals		s	⊠	\$ <u>15,163,231.56</u>
	Total Payments Listed (column totals added)		⊠ \$ <u>15,</u>	163,23	<u>31.56</u>
	D. FEDERAL SIGNATURE				
const	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this not itutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon writing to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.	tice is	s filed under Rule 5 request of its staff, th	05, the ne info	following signature rmation furnished by
Issue	r (Print of Type) Signature / ////	Date			
Cros	sshair Exploration & Mining Corp.	Apı	ril <u>/O</u> , ₂₀₀₈		
Name	e of Signer (Print or Type) Title of Signer (Print or Type)				
Mar	k J. Morabito Chief Executive Officer				



ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)